

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016002

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2336

DO NOT WRITE
THIS STUB

AMENDED

Registration District No. 149

FILED MAY 6 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

35 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Apt. 1300 Pennsylvania - 6

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

1300 Pennsylvania 6

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

JOHN

Middle

CALVIN

Last

DRAKE

4. DATE OF DEATH

Month

4

Day

17

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-9-84

9. AGE (last birthday)

78

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundry Worker

11. BIRTHPLACE (City and state or country)

Hotels & Hospital Patchogue, Long Island

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Drake

13b. MOTHER'S MAIDEN NAME

Catherine Compton

13c. NAME OF HUSBAND OR WIFE

Emily Plack Drake

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

No

17. INFORMANT

40A Mrs. Emily Drake: 1300 Pennsylvania Apt. 6 K.C., Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

arteriosclerotic heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

myocardial infarction

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. C. C. Kealhofer

22b. ADDRESS

6625 Oak St. Kansas City, Mo.

22c. DATE SIGNED

4-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-20-63

23c. NAME OF CEMETERY OR CREMATORY

Mount Calvary Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

WEILERT FUNERAL HOMES (W) K.C., MO.

25. DATE RECD. BY LOCAL REG.

4-19-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

Geo. C. Kealhofer, M.D.

BY AFFIDAVIT OF

USE BL

TYPEWRITE ON

\$ 300

4/59

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1-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John R. Edmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his-OWN handwriting.

If this body is not embalmed, fact should be so stated above.